No. 2
-8-43
-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38288

State File No.

Registration District No. 193 Primary Registration District No. 5709 Registrar's No.

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Goodman Rural Eng. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Anderson, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Vernon Wright
3. (b) If veteran, name war World I
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Vesta Wright
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June 5 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	6	2	hr. min.

9. Birthplace Mc Donald (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation laborer
11. Industry or business
FATHER
12. Name W.P. Wright 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Elizbeth Garrison
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Vesta Wright
(b) Address Anderson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Anderson, Mo.
18. (a) Signature of funeral director Chas W Williams
(b) Address Goodman Mo
19. (a) 12-12-1944 (Date received local registrar) (b) Mrs C W Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1944 hour 7 minute 20 a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Injury. | Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 060
(b) Date of occurrence 12-7-1944
(c) Where did injury occur? Goodman, McDonald, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Public Highway
(Specify type of place)
While at work? (e) Means of injury Car & Train Wreck
23. Signature R M Humphrey (M.D. or other)
Address Pineville, Mo. Date signed 12-10-44

160
4/44

464

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1944

DEC 22 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Marillan Prickett

Licensed Embalmer No. 4166

P. O. Address Goodman Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 193 Primary Registration District No. 5209 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural Frid Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse O Wright
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 5 1895 (Month) (Day) (Year)
8. AGE: Years 49 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12-12-45 (Date received local registrar) (b) Mrs C. E. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

JAN 17 1945

38288

JUN 25 1945